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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09987389

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |               |              |   |
|---|---------------|--------------|---|
| TOTAL CLAIMS  | 10            |              |   |
| FOR   | NUMBER FILED  | NUMBER EXTRA |   |
| TOTAL CHARGEABLE CLAIMS                                   | 10 minus 20 = | *            | — |
| INDEPENDENT CLAIMS  | 3 minus 3 =   | *            | — |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |     |                                    |               |
|-------------|---|-----|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | * 0 | Minus                              | ** 20 = 2     |
|             | Independent   | * 3 | Minus                              | *** 3 = 2     |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |     |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

|           |        |    |           |        |
|-----------|--------|----|-----------|--------|
| RATE      | FEE    |    | RATE      | FEE    |
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 740    |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

|            |                 |    |            |                 |
|------------|-----------------|----|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
| X\$ 9=     |                 | OR | X\$18=     |                 |
| X42=       |                 | OR | X84=       |                 |
| +140=      |                 | OR | +280=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

|            |                 |    |            |                 |
|------------|-----------------|----|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
| X\$ 9=     |                 | OR | X\$18=     |                 |
| X42=       |                 | OR | X84=       |                 |
| +140=      |                 | OR | +280=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

|            |                 |    |            |                 |
|------------|-----------------|----|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
| X\$ 9=     |                 | OR | X\$18=     |                 |
| X42=       |                 | OR | X84=       |                 |
| +140=      |                 | OR | +280=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

7-18-05

|             |   |     |                                    |               |
|-------------|---|-----|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |     | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | * 8 | Minus                              | ** 20 = 1     |
|             | Independent   | * 3 | Minus                              | *** 3 = 1     |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |     |                                    |               |

|             |   |   |                                    |               |
|-------------|---|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | * | Minus                              | **            |
|             | Independent   | * | Minus                              | ***           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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